

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744469

1. Entity Name

FLORIDA SOCIETY OF ENROLLED AGENTS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90185 021 ****61.25

Principal Place of Business

1525 TRIANGLE DR
MOUNT DORA FL 32757
US

Mailing Address

1525 TRIANGLE DR
MOUNT DORA FL 32757-3328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1853783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORENSEN, KATHERINE L
1525 TRIANGLE DR
MOUNT DORA FL 32757

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Katherine L. Sorensen

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARTIN, FRANCES 2910 BLANDING BLVD #A MIDDLEBURG FL 32068 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PAYNE, WILLIAM D 6900 NW 78TH COURT FT. LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROBERTS, PAMALA 3212 SOUTH GATE CIRCLE SARASOTA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD JOYCE, JERRY 204 N. MCDILL AVE TAMPA FL 33609 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GATES, JEAN H 170 SKIFF PT. B1 CLEARWATER FL 33767 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SCHOTT, FRANCIS 3545 HEATHER LANE MICCO FL 32976 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Peter Prendes, EA 4320 W. BROWARD BLVD. PLANTATION, FL 33317-3756 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD 301 E. Las Olas Blvd, Ste. 210D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Richard B. Crouse, EA 100 Crown Oak Center Dr. Longwood, FL 32750 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Ann Marie Brown, EA P.O. Box 271784 TAMPA, FL 33688-1784 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM D. PAYNE

3-20-2000

Date

Daytime Phone #

954-524-3322

CR2E037 (9/99)